

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



OMB No. 0930-0158

SPECIMEN ID NO. 7940842162

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

ZIGI FREIGHT INC
8850 W 63RD STREET
CHICAGO, IL 60638
Phone: 630-485-7370 Fax: 630-485-6980

Lab Acct #: 10624350

DER Name & Phone #: 6304857370 NIKOLA STAMENK
TESTING AUTHORITY FMCSA
ACCOUNT NUMBER: 501512218129

B. MRO Name, Address, Phone and Fax No.

PAWEL KWECINSKI MD
9950 LAWRENCE AVE STE 403
SCHILLER PARK, IL 60176
Phone: 847-647-0453
Fax: 847-647-6608

C. Donor SSN, Employee I.D., or CDL State and No.

NC000030894643

D. Specify Testing Authority:

☐ HHS☐ NRC

Specify DOT Agency:

☒ FMCSA☐ FAA☐ FRA☐ FTA☐ PHMSA☐ USCG

E. Reason for Test:

☒ Pre Employment☐ Random☐ Reasonable Suspicion/Cause☐ Post Accident☐ Return to Duty☐ Follow Up☐ Other (Specify)

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP☐ THC & COC Only☐ Other (Specify)

G. Collection Site Address:

Universal Logistics Group, LLC - 57240
1635 S Lafayette St
Shelbv. NC 28152

57240-NC364

Clinic ID

Collector Contact Info: Phone 704-466-3315

Fax 704-466-3325

Other

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUIDCollection: ☒ Split ☐ Single ☐ None Provided, Enter Remark

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F?

☒ Yes☐ No, Enter Remark☐ Observed, Enter Remark

ORAL FLUID: Split type:

☐ Serial☐ Concurrent☐ Subdivided

Each Device Within Expiration Date?

☐ Yes☐ No

Volume Indicator(s) Observed

REMARKS:

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

X

Ebony Beam

Signature of Collector

12 / 05 / 2024

2:12:19

☐ AM
☒ PM

FEDEX

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

JASON P MARGULIES

(PRINT) Donor's Name (First, MI, Last)

12 / 05 / 2024
Date (Mo./Day/Yr.)Email _____ Day Phone (954) 305-0905 Evening Phone (954) 305-0905 Date of Birth 11 / 08 / 1967
Date (Mo./Day/Yr.)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

☒ URINE☐ ORAL FLUID

In accordance with applicable Federal requirements, my verification is:

☐ Negative☐ Positive for:☐ Dilute☐ Refusal to Test because - check reason(s) below:☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER:

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

☐ RECONFIRMED for:☐ TEST CANCELLED☐ FAILED TO RECONFIRM for:

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)



MED-STOP MRO SERVICES
9950 LAWRENCE AVE STE 403
SCHILLER PARK IL 60176
PHONE: (877) 633-3633
FAX: (847) 647-6608
EMAIL: mro@med-stop.com

MRO RESULT

TO:

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO IL 60638
PHONE: (630) 485-7370
FAX: (630) 485-6980

ATTENTION TO:

NIKOLA STAMENKOVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT:

12/11/2024 09:22 AM CST UTC-6

PAGES:

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**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

PLEASE FORWARD TO THE SAFETY OFFICER

CONFIDENTIAL

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	7940842162	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
12/05/2024 02:12 PM	DOT FMCSA	PHONE: (877) 633-3633
EST UTC-5		FAX: (847) 647-6608
TEST RESULT:		EMAIL: mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
MARGULIES, JASON PETER**DONOR ID:**
NC000030894643**NAME OF COMPANY / LOCATION:****ZIGI FREIGHT INC****6850 W 63RD STREET**
CHICAGO IL 60638**LOCATION / COLLECTION SITE:**
UNIVERSAL LOGISTICS GROUP LLC
1635 S LAFAYETTE ST
SHELBY NC 28152
PHONE: (704) 466-3315**LABORATORY PERFORMING TEST:****QUEST DIAGNOSTICS****10101 RENNER BLVD****LENEXA KS 66219****PHONE: (800) 877-7484****MEDICAL REVIEW OFFICER:**
KWIECINSKI PAWEL K**SIGNATURE:****LAB RESULT RECEIVED AT:**
12/06/2024 06:25 PM CST UTC-6**MRO COPY BECAME AVAILABLE AT:**
12/09/2024 01:12 PM CST UTC-6**DATE / TIME THE RESULT BECAME AVAILABLE:**
12/09/2024 01:12 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

12/05/2024 02:12 PM

EST UTC-5

TEST RESULT:

SPECIMEN ID:

7940842162

TESTING AUTHORITY:

DOT FMCSA

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

MRO REMARKS:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

MARGULIES, JASON PETER

DONOR ID:

NC000030894643

NAME OF COMPANY / LOCATION:

ZIGI FREIGHT INC

6850 W 63RD STREET

CHICAGO IL 60638

LOCATION / COLLECTION SITE:

UNIVERSAL LOGISTICS GROUP LLC

1635 S LAFAYETTE ST

SHELBY NC 28152

PHONE: (704) 466-3315

LABORATORY PERFORMING TEST:

QUEST DIAGNOSTICS

10101 RENNER BLVD

LENEXA KS 66219

PHONE: (800) 877-7484

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:

12/06/2024 06:25 PM CST UTC-6

MRO COPY BECAME AVAILABLE AT:

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DATE / TIME THE RESULT BECAME AVAILABLE:

12/09/2024 01:12 PM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
PRE-EMPLOYMENT	7940842162	9950 LAWRENCE AVE STE 403
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHILLER PARK IL 60176
12/05/2024 02:12 PM	DOT FMCSA	PHONE: (877) 633-3633
EST UTC-5		FAX: (847) 647-6608
EMPLOYEE / APPLICANT:		mro@med-stop.com
MARGULIES JASON PETER		

DRUG CLASS	INITIAL SCREENING CUT-OFF LIMIT	CONFIRMATION CUT-OFF LIMIT
AMPHETAMINE/METHAMPHETAMINE (500 NG/ML SCREEN)	500 ng/mL	250 ng/mL
MDMA/MDA (500 NG/ML SCREEN)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (BZE) (150 NG/ML SCREEN)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITE (THCA) (50 NG/ML SCREEN)	50 ng/mL	15 ng/mL
CODEINE/MORPHINE (2000 NG/ML SCREEN)	2000 ng/mL	2000 ng/mL
6-ACETYLMORPHINE (10 NG/ML SCREEN)	10 ng/mL	10 ng/mL
HYDROCODONE/HYDROMORPHONE (300 NG/ML SCREEN)	300 ng/mL	100 ng/mL
OXYCODONE/OXYMORPHONE (100 NG/ML SCREEN)	100 ng/mL	100 ng/mL
PHENCYCLIDINE	25 ng/mL	25 ng/mL

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

DATE / TIME THE RESULT BECAME AVAILABLE:
12/09/2024 01:12 PM CST UTC-6

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



DRUG & ALCOHOL CLEARINGHOUSE



Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (12/4/2024 11:00:38)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: JASON MARGULIES

Date of Birth: 11/8/1967

CDL/CLP ⓘ : US-NC-30894643

Consent Information

Requested: 12/4/2024 10:54:31

Recorded: 12/4/2024 11:00:38

Status: Provided

Query History

Created: 12/4/2024 10:54:31

Completed: 12/4/2024 11:00:38

Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

■ [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

202-366-4000

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Information Collection #: OMB Control No. 2126-0057

Queries	Violations	RTD	Profile
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